

19-7686

No. 19-1266

1:16-CV-10218

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

MAURICE L. BUFORD — PETITIONER
(Your Name)

Supreme Court, U.S.
FILED

DEC 17 2019

OFFICE OF THE CLERK

VS.

LABORERS' UNION LOCAL — RESPONDENT(S)
269 AND 4

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

UNITED STATES DISTRICT COURT FOR THE NORTHERN
DISTRICT OF ILLINOIS

☐ Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

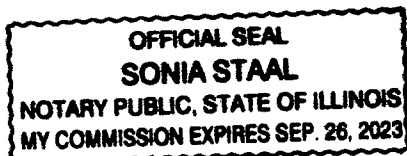
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____

_____ or

☐ a copy of the order of appointment is appended.



Maurice L. Buford
(Signature)

Sonia Staal 12/14/2019

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

I, MAURICE L. BUFORD, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Self-employment	\$ <u>125.00</u>	\$ <u>N/A</u>	\$ <u>HOPFULLY 200.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Gifts	\$ <u>125.00</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Child Support	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>NONE I GOT W.T.</u>	\$ <u>N/A</u>	\$ <u>NONE I GOT W.T.</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>NONE</u>	\$ <u>N/A</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>MEDICAL</u>	\$ <u>N/A</u>	\$ <u>MEDICAL</u>	\$ <u>N/A</u>
Other (specify): <u>S.N.A.P.</u>	\$ <u>164.00</u>	\$ <u>N/A</u>	\$ <u>164.00</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>300.00</u> <u>THIS VARIES</u>	\$ <u>N/A</u>	\$ <u>200.00</u>	\$ <u>N/A</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NO</u>	<u>NO</u>	<u>NONE</u>	\$ <u>NONE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NO</u>	<u>NO</u>	<u>NONE</u>	\$ <u>NONE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ N/A DON'T HAVE A SPOUSE
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home LOST MY HOME DUE TO THE MALICIOUS ACTS OF THE UNION 26A AND THE WRONGFULL TERMINATION FROM I.W.G ☐ Other real estate
Value _____ Value NONE

☐ Motor Vehicle #1 NONE ☐ Motor Vehicle #2 NONE
Year, make & model _____ Year, make & model _____
Value _____ Value _____

☒ Other assets POOR AS POOR CAN BE
Description _____
Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
<u>I OWE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
<u>PEOPLE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>NONE CAUSE I</u>		
<u>CAN BARELY</u>	<u>NONE</u>	<u>NONE</u>
<u>SUPPORT MYSELF</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>NONE</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>FREE LOADER</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>NONE</u>	\$ <u>N/A</u>
Food	<u>164.00</u> \$ <u>S.N.A.P.</u>	\$ <u>N/A</u>
Clothing	\$ <u>GOOD WILL</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>FREE LOADER</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>MEDICAL CARD</u>	\$ <u>N/A</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>NONE</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>NONE</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>NONE</u>	\$ <u>N/A</u>
Life	\$ <u>NONE</u>	\$ <u>N/A</u>
Health	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Credit card(s)	\$ <u>NONE</u>	\$ <u>N/A</u>
Department store(s)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>NONE</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

*BUT I'M HOPING AND PRAYING
THAT SOMETHING GOOD HAPPENSE
IN MY SOON*

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? _____

*BECAUSE I DON'T HAVE ANY MONEY
BUT MY SISTER TRIED TO HAVE A
LAWYER LOOK AT THE CASE HE RAN
OFF WITH HER MONEY.*

If yes, state the attorney's name, address, and telephone number: _____

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

I DO ALL OF MY CLARICAL AND LEGAL WORK

If yes, how much? _____

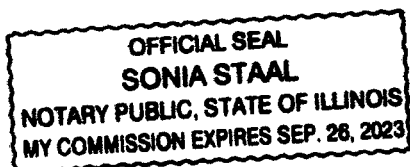
If yes, state the person's name, address, and telephone number: _____

12. Provide any other information that will help explain why you cannot pay the costs of this case.

*I WAS MALICIOUSLY DISCRIMINATED AGAINST BY IWG. THEN
WRONGFULLY TERMINATED, HAVE NOT HAD A STEADY JOB
SINCE JULY 17, 2014, OR INCOME FOR THAT MATTER.*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: DECEMBER, 14, 2019



Maurice J. Buford
(Signature)

Sonia Staal 12/14/2019

**SUPREME COURT OF THE UNITED STATES
OFFICE OF THE CLERK
WASHINGTON, DC 20543-0001**

January 6, 2020

Maurice L. Buford
8348 S. Phillips Ave.
Chicago, IL 60617

RE: Buford v. Laborer's Int'l Union Local 269 and 4
USCA7 No. 19-1266

Dear Mr. Buford:

The above-entitled petition for writ of certiorari was postmarked December 17, 2019 and received December 26, 2019. The papers are returned for the following reason(s):

No motion for leave to proceed in forma pauperis, signed by the petitioner or by counsel, is attached. Rules 33.2 and 39. The motion must be signed.

No notarized affidavit or declaration of indigency is attached. Rule 39. You may use the enclosed form.

In Forma Pauperis petitions must be on 8 1/2 x 11 paper pursuant to Rule 33.2. Petitions should be stapled in the upper left-hand corner and not bound. Rule 33.2.

Please correct and resubmit as soon as possible. Unless the petition is submitted to this Office in corrected form within 60 days of the date of this letter, the petition will not be filed. Rule 14.5.

A copy of the corrected petition must be served on opposing counsel.

Sincerely,
Scott S. Harris, Clerk
By:

Susan Frimpong
(202) 479-3039

Enclosures

FILED

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

OCT 31 2016

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISTHOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND FINANCIAL AFFIDAVITMAURICE BUFORD

Plaintiff

v.
LABORERS INTERNATIONAL
UNION LOCAL 269/4

Defendant(s).

16CV10218

JUDGE FEINERMAN

MAG. JUDGE KIM

Instructions: Please answer every question. Do not leave any blanks. If the answer is "none" or "not applicable (N/A)," write that response. Wherever a box is included, place a ✓ in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers.

Application: I, MAURICE BUFORD, declare that I am the ☒ plaintiff
☐ petitioner ☐ movant ☐ (other N/A) in the
 above-entitled case. This affidavit constitutes my application to proceed ☒ without full
 prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I
 declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to
 the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer
 the following questions under penalty of perjury.

1. Are you currently incarcerated?

☐ Yes ☒ No
 (If "No" go to question 2.)
ID #: N/AName of prison or jail: NONE

Do you receive any payment from the institution?

☐ Yes ☒ No
Monthly amount: NONE

2. Are you currently employed?

☐ Yes ☒ No

A. If the answer is "yes," state your:

Monthly salary or wages: NONEName and address of employer: NONE

B. If the answer is "no," state your:

Beginning and ending dates of last employment: 6-30-2014 to 7-17-2014Last monthly salary or wages: \$37.00 HOURName and address of employer: I.W. & G. INC.

3. Are you married?

☐ Yes ☒ No

If the answer is "yes", is your spouse currently employed?

☐ Yes ☐ No

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Spouse's Monthly salary or wages: N/A
 Name and address of employer: N/A

4. In addition to your income stated above in response to Question 2 (which you should not repeat here), have you or anyone else living at the same residence received more than \$200 in the past twelve months from any of the following sources? Place a ✓ next to "Yes" or "No" in each of the categories A through G, check all boxes that apply in each category, and fill in the twelve-month total in each category.

- A. ☐ Salary or ☐ wages ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- B. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- C. ☐ Rental income, ☐ interest or ☐ dividends ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- D. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- E. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- F. ☐ Unemployment, ☐ welfare, or ☐ any other public assistance ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A
- G. ☐ Any other sources (describe source: N/A) ☐ Yes ☒ No
 Total received in the last 12 months: NONE
 Received by: N/A

5. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No
 Total amount: NONE
 In whose name held: N/A Relationship to you: N/A

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 10-31-2016

Maurice Buford
Signature of Applicant

MAURICE BUFORD
(Print Name)

NOTICE TO PRISONERS: In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, N/A, I.D.# N/A, has the sum of \$ N/A on account to his/her credit at (name of institution) N/A. I further certify that the applicant has the following securities to his/her credit: N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ N/A. (Add all deposits from all sources and then divide by number of months).

Date

N/A

N/A
Signature of Authorized Officer

N/A
(Print Name)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**UNITED STATES DISTRICT COURT
FOR THE Northern District of Illinois – CM/ECF LIVE, Ver 6.1.]
Eastern Division**

Maurice L. Buford

Plaintiff,

v.

Case No.: 1:16-cv-10218
Honorable Gary Feinerman

Laborers International Union Local 269/4

Defendant.

NOTIFICATION OF DOCKET ENTRY

This docket entry was made by the Clerk on Wednesday, November 2, 2016:

MINUTE entry before the Honorable Gary Feinerman: Motion for leave to proceed in forma pauperis [4] is granted. The Clerk is directed to issue summons for service on Defendant Laborers International Union Local 269/4 and to send Plaintiff a USM-285 form. Plaintiff has until 11/30/2016 to complete the USM-285 form and return it to the Clerk's Office. Plaintiff's failure to comply will result in the summary dismissal of this case. The U.S. Marshals Service is appointed to serve Defendant. Motion for appointment of counsel [5] is denied without prejudice because Plaintiff has not sought representation from a sufficient number of attorneys or organizations; before he renews his motion, Plaintiff must seek representation from at least five attorneys or organizations. Initial status hearing set for 12/13/2016 at 9:00 a.m. Mailed notice. (jlj.)

ATTENTION: This notice is being sent pursuant to Rule 77(d) of the Federal Rules of Civil Procedure or Rule 49(c) of the Federal Rules of Criminal Procedure. It was generated by CM/ECF, the automated docketing system used to maintain the civil and criminal dockets of this District. If a minute order or other document is enclosed, please refer to it for additional information.

For scheduled events, motion practices, recent opinions and other information, visit our web site at www.ilnd.uscourts.gov.



**ILLINOIS DEPT. OF HUMAN SERVICES
SOUTHEAST LOCAL OFFICE
8001 SOUTH COTTAGE GROVE
CHICAGO, ILLINOIS 60619**

Benefit Summary Inquiry

Reset Search

Search Criteria

Case # EDG # Payee Individual #
 Program Type Warrant = DSNAP App #
 Benefit # Issuance ID

Effective Date Range

Begin Date End Date

Reset Search

Search Results

Case # / DSNAP App # / Benefit #	Grantee Name	Type of Assistance	Pay Begin Date / End Date	Issuance Method	Payment Amount	Recoupment / Offset Amount	Warrant #/Issuance ID	Available Date	Status	View & Delete
106785431 / 114888765	BUFORD, MAURICE SNAP 46.0M		02/01/2019-02/28/2019	EBT/Link	\$164.00	\$0.00	F1902010388116	01/17/2019	Available	
106785431 / 114023871	BUFORD, MAURICE SNAP 46.0M		01/01/2019-01/31/2019	EBT/Link	\$164.00	\$0.00	F1901019522714	01/03/2019	Available	
106785431 / 113556849	BUFORD, MAURICE SNAP 46.0M		12/01/2018-12/31/2018	EBT/Link	\$164.00	\$0.00	F1811009061607	11/21/2018	Available	
106785431 / 113556848	BUFORD, MAURICE SNAP 46.0M		11/19/2018-11/30/2018	EBT/Link	\$34.00	\$0.00	F1811009061606	11/21/2018	Available	
106785431 / 113556847	BUFORD, MAURICE SNAP 46.0M		10/01/2018-10/31/2018	EBT/Link	\$192.00	\$0.00	F1811009061605	11/21/2018	Available	
106785431 / 113556688	BUFORD, MAURICE SNAP 46.0M		09/01/2018-09/30/2018	EBT/Link	\$192.00	\$0.00	F1811009061446	11/21/2018	Available	
106785431 / 108746601	BUFORD, MAURICE SNAP 46.0M		08/01/2018-08/31/2018	EBT/Link	\$192.00	\$0.00	F1808014222395	08/03/2018	Available	
106785431 / 107701331	BUFORD, MAURICE SNAP 46.0M		07/01/2018-07/31/2018	EBT/Link	\$192.00	\$0.00	F1807013181330	07/03/2018	Available	

6.

106785431 / BUFORD, SNAP	06/01/2018- EBT/Link	\$192.00	\$0.00	F1805012117404 06/03/2018 Available
106645754 MAURICE	06/30/2018			
46.0M				
106785431 / BUFORD,	05/01/2018-			
105597781 MAURICE SNAP	05/31/2018 EBT/Link	\$192.00	\$0.00	F1805011069504 05/03/2018 Available
46.0M				

ILLINOIS DEPT. OF HUMAN SERVICES
SOUTHEAST LOCAL OFFICE
2001 SOUTH COTTAGE GROVE
CHICAGO, ILLINOIS 60608

ILLINOIS DEPT. OF HUMAN SERVICES
SOUTHEAST LOCAL OFFICE
2001 SOUTH COTTAGE GROVE
CHICAGO, ILLINOIS 60608



Benefit Summary Inquiry

Reset

Search

Search Criteria

Case # EDG # Payee Individual #
 Program Type Warrant # DSNAP App #
 Benefit # Issuance ID

Effective Date Range

Begin Date End Date

Reset

Search

Search Results

Case # / DSNAP App # / Benefit #	Grantee Name	Type of Assistance	Pay Begin Date / End Date	Issuance Method	Payment Amount	Recoupment / Offset Amount	Warrant # / Issuance ID	Available Date	Status	View & Delete
106785431 / 126038034	BUFORD, MAURICE	SNAP	01/01/2020-01/31/2020	EBT/Link	\$172.00	\$0.00	F2001011537385	01/03/2020	Available	
106785431 / 125010594	BUFORD, MAURICE	SNAP	12/01/2019-12/31/2019	EBT/Link	\$172.00	\$0.00	F1912010513945	12/03/2019	Available	
106785431 / 123978802	BUFORD, MAURICE	SNAP	11/01/2019-11/30/2019	EBT/Link	\$172.00	\$0.00	F1911019482150	11/03/2019	Available	
106785431 / 122954007	BUFORD, MAURICE	SNAP	10/01/2019-10/31/2019	EBT/Link	\$172.00	\$0.00	F1910018453358	10/03/2019	Available	
106785431 / 122749396	BUFORD, MAURICE	SNAP	09/01/2019-09/30/2019	EBT/Link	\$164.00	\$0.00	F19090E8252856	09/03/2019	Available	
106785431 / 120839397	BUFORD, MAURICE	SNAP	08/01/2019-08/31/2019	EBT/Link	\$164.00	\$0.00	F1908016338745	08/03/2019	Available	
106785431 / 119843695	BUFORD, MAURICE	SNAP	07/01/2019-07/31/2019	EBT/Link	\$164.00	\$0.00	F1907015343047	07/03/2019	Available	
106785431 / 118859998	BUFORD, MAURICE	SNAP	06/01/2019-06/30/2019	EBT/Link	\$164.00	\$0.00	F1906014355345	06/03/2019	Available	

8

106785431 / BUFORD, SNAP	05/01/2019- EBT/Link	\$164.00	\$0.00	F1905013430011 05/03/2019 Available	
117939303 MAURICE	05/31/2019				
47.0M					
106785431 / BUFORD,	04/01/2019-	EBT/Link	\$164.00	\$0.00	F1904012411606 04/03/2019 Available
116924349 MAURICE SNAP	04/30/2019				
47.0M					

9.



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: September 04, 2019
Case Number: 106785431
Office Name: SOUTHEAST FCRC
Office Address: 8001 S COTTAGE GRV
CHICAGO, IL 60619
Phone: 773-602-4200
Fax: 844-736-3563



MAURICE BUFORD
7941 S BURNHAM AVE
APT 1
CHICAGO, IL 60617-1323

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning October 01, 2019, your benefits will change as follows:

Based on the information provided on your Mid-Point Report, effective October 01, 2019 your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will increase. The new SNAP Benefits amount is \$172.00.

This is in response to the SNAP change in household circumstances which you reported on Aug 31, 2019.

For more information on who is approved and the amount of SNAP Benefits you will get, read the SNAP benefit section of this notice.

Your eligibility for **Medical Benefits** is not changed by this action.

How To Use Your Benefits

Once you stop using the cash or SNAP benefits in your Illinois Link account for a period of 365 days, those benefits will be deleted from your account and will no longer be available to you.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



10.

SNAP Benefits

Your SNAP benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Sep 01, 2019 - Sep 30, 2019	\$164.00	MAURICE BUFORD
Oct 01, 2019 - Feb 29, 2020	\$172.00	MAURICE BUFORD

Your regular monthly SNAP benefits will be available approximately Oct 3, 2019.

Your SNAP benefit of \$164.00 will be available in your Illinois LINK account on or about 09/04/19 to cover your needs from 09/01/19 through 09/30/19.

SNAP Income Eligibility Determination		Sep 01, 2019	Oct 01, 2019
Total Gross Earned Income		\$0.00	\$0.00
Total Unearned Income	+	\$0.00	\$0.00
Self Employment Income	+	\$1000.00	\$1000.00
Child Support Deduction	-	\$0.00	\$0.00
Gross Monthly Income	=	\$1000.00	\$1000.00
SNAP Income Eligibility Determination		Sep 01, 2019	Oct 01, 2019
Gross Monthly Income Standard For Household Size of 1		\$1670.00	\$1718.00
Member age 60 or older or Disabled		No	No
Gross Earned Income	=	\$0.00	\$0.00
Earned Income Deduction	-	\$200.00	\$200.00
Unearned Income	+	\$0.00	\$0.00
Farm Loss Income	-	\$0.00	\$0.00



Standard Income Deduction	-	\$157.00	\$160.00
Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	\$0.00	\$0.00
Dependent Care Deduction	-	\$0.00	\$0.00
Child Support Deduction	-	\$0.00	\$0.00
Adjusted Net Income	=	\$643.00	\$640.00
Excess Shelter Deduction**	-	\$552.00	\$569.00
Household Net SNAP Income	=	\$91.00	\$71.00
Maximum Net Income Allowable		\$1012.00	\$1041.00
SNAP Benefit Amount		\$164.00	\$172.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		Sep 01, 2019	Oct 01, 2019
Rent or Mortgage		\$450.00	\$450.00
Utility Cost/Standard	+	\$466.00	\$478.00
Total Shelter Expenses	=	\$916.00	\$928.00
½ of Adjusted Net Income	-	\$321.00	\$320.00
Total Excess Shelter Costs	=	\$552.00	\$569.00

Turn this page over to read more information on the back.



Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
MAURICE BUFORD	Jun 08, 1972	016871394	ACA Adult	Oct 01, 2019

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
MAURICE BUFORD	Jun 08, 1972	016871394	ACA Adult	Feb 01, 2019 - Sep 30, 2019

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups with Full Coverage

- | | |
|--|--|
| <ul style="list-style-type: none"> • Doctor and clinic visits • Inpatient and outpatient hospital • Emergency room • Prescription medicine • Surgery • Podiatric (feet) services • Hospice care • Emergency medical transportation | <ul style="list-style-type: none"> • Lab tests and x-rays • Medical supplies and equipment • Family planning (birth control) • Medical transportation • Home Health service • Chiropractic services • Physical and Occupational therapy • Dental care (limited for adults over age 20) • And more, check with your health care provider for details |
|--|--|

Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Information about ACA Adult



13.

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

Adults pay copays for some services.

Doctor and clinic services	\$3.90 per visit
Inpatient hospital services	\$3.90 per day
Outpatient hospital services	\$0.00 per visit
Emergency room	\$3.90 per visit
Prescription medicine	
Generic	\$2.00 per prescription
Brand name	\$3.90 per prescription

Copays may change in the future.

How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the applicant and how they are related to each other, or whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology. You can find the income limits for each Medical Group online at illinois.gov/hfs/MedicalClients and then clicking "Medical Program Income Standards."

The facts we used to decide **MAURICE BUFORD's** ongoing Medical eligibility are:
The number of people counted in the family size is 1.
Countable monthly income is \$1000.00

Your Responsibilities

SNAP Mid Point Reporting Requirements

YOU NEED TO REPORT IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN \$1718.00. YOU MUST REPORT THIS CHANGE BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT INCOME WAS MORE THAN THIS AMOUNT.

Medical Change Reporting Requirements

Turn this page over to read more information on the back.



YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at abe.illinois.gov. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

Your Rights

YOU HAVE CERTAIN RIGHTS **CASH AND MEDICAL**

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

15.



If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@Illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

CONTINUING YOUR BENEFITS

If you appeal on or before the "Date of Change", your Cash and/or SNAP benefits will be continued at the present level until a decision is made on your appeal after the hearing. You have the right to request that your benefits not be continued at the present level. If your benefits are continued at the present level and the fair hearing decides the reduction/cancellation was correct, the amount of the benefits you received to which you were not entitled are recouped from future payments or must be paid back if your case is cancelled.

Turn this page over to read more information on the back.



16.

Manage My Case Online

Go to abe.illinois.gov and click on the Manage My Case button to set up your online account right now! You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. Once you're set up, you'll be able to do all of the following online: report changes, renew your benefits, check the status of your case, and more!

Name	Individual ID
MAURICE BUFORD	1001169338



**State of Illinois - Healthcare and Family Services
Medical Card**

For questions or to
report changes call:
Para preguntas o reportar
cambios llame al:
1-800-843-6154
(Next Talk: 866-324-5553
or email:
dhs.webbits@illinois.gov)



**MAURICE BUFORD
7941 S BURNHAM AVE
APT 1
CHICAGO, IL 60617-1323**

Keep this card.
Guarde esta tarjeta.



Check eligibility online at ABE.illinois.gov or call 1-855-828-4995 to check on the automated phone system.
Compruebe su elegibilidad por Internet en ABE.illinois.gov o use el sistema automatizado, llamando al: 1-855-828-4995.

The top part of this page is your Medical Card. The people named on the back of the card qualify for health coverage. Please read the front and back of this page. Cut on the dotted line and carry your card with you. You may have to show it and a picture ID when you go for medical care.

The Medical Card does not guarantee that you are covered. Your doctor or pharmacy or other medical provider can use the information on the card to check your coverage. You can check your coverage anytime in your account online at ABE.illinois.gov. You can also call 1-855-828-4995 anytime to check through the automated phone system.

To check eligibility you will need the Recipient Identification Number (**RIN**) next to each person's name on the back of the Medical Card. You can also check using the person's name, Social Security Number and date of birth.

What happens next?

If this is the first time you qualify for Medicaid or if you used to have Medicaid coverage but it ended more than two months ago, you may be required to enroll in a health plan. Watch your mail for another notice that will tell you how to pick a health plan and a primary care doctor or clinic. Until then, you can use this Medical Card to get medical services.

If you already have Medicaid or your Medicaid ended less than two months ago, you probably chose a health plan before. If this is true for your household, you may keep the same health plan. If you have questions about your health plan, call the number on the back of your health plan card or visit the health plan's website.

If you do not know if you have a health plan, you can call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012) to find out.

If you are required to enroll in a health plan, Client Enrollment Services will send you an enrollment packet. Not all Medicaid clients are required to join a health plan.

If I need to see a doctor right away, what should I do? If you do not already have a health plan or a primary doctor or clinic and you need help to find a doctor right away, call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012).

→ Read the back of this page for more important information.→

THE FOLLOWING PERSONS ARE COVERED:

MAURICE

BUFORD

Recipient Identification Number (RIN) 016871394

MEDICAL CARD PAGE 2

DOB: 06-08-72

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES. Medical providers must verify identity and eligibility when you need care.

ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores médicos deben verificar la identidad y elegibilidad cuando necesite atención médica.

Notice to Providers: to verify eligibility or determine health plan enrollment on the date of service for the person(s) named above, use the MEDi web site at www.myhfs.com or your EDi vendor or HFS's automated Voice Response System (AVRS).

HFS 469 (R-09-15)

30974726

01092020

IL478-0234

You must report any of the changes in the list below that happen in your household.

Tell us if you move or change your mailing address.

Tell us if someone in your household gets more monthly income.

Tell us if a new family member moves in with you or if someone moves out.

Tell us if someone gets other health insurance or loses other health insurance.

Tell us if someone in your household gets married, divorced, pregnant or has a baby.

Tell us if someone in your household dies or goes to jail or prison or is released.

You can report changes online anytime at ABE.illinois.gov. If you do not have an ABE account, you can call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov).

Is All Kids the same as Medicaid? Yes. All Kids is Medicaid for children.

If I have a different card from a Medicaid health plan, do I need both cards? Yes. Keep both cards. You may be asked to show them when you go to the doctor or need other health care.

If I have a Link Card, do I also need a Medical Card? Yes. The Link Card and the Medical Card cover different benefits. If you have a Link Card, keep it. You will need it to get your cash and SNAP (food stamp) benefits.

If I have a spenddown, can I use the Medical Card to get health care? You can use your Medical Card if your spenddown amount is met. Read the instructions under the Spenddown section in the notice that came with this page for more information. Most people who get Medicaid do not have a spenddown.

If I have a Medical Card through Department of Children and Family Services, who do I call for help? For questions about your card if you get foster care, KinGap or adoption assistance, call the Department of Children and Family Services at 1-800-228-6533.

What if I lose my Medical Card? You can ask for a new card online through your account at ABE.illinois.gov. You can also call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov) to ask for a new card.

TAX DEED NO.: 2019COTD003262

FILED: 09/25/2019

TAKE NOTICE

County of Cook

Date Premises Sold 04/05/2017

Certificate No. 15-0005585

Sold for General Taxes of (year) 2015

Sold for Special Assessment of (Municipality)

and special assessment number NOT APPLICABLE

Warrant No. NOT APPLICABLE Inst. No. NOT APPLICABLE

**THIS PROPERTY HAS BEEN SOLD FOR
DELINQUENT TAXES**

Property Located at 7941 S BURNHAM AVE CHICAGO, IL 60617

Legal Description or Property Index No. 21-31-200-015-0000

This notice is to advise you that the above property has been sold for delinquent taxes and that the period of redemption from the sale will expire on 03/24/2020.

The amount to redeem is subject to increase at 6 month intervals from the date of sale and may be further increased if the purchaser at the tax sale or his or her assignee pays any subsequently accruing taxes or special assessments to redeem the property from subsequent forfeitures or tax sales. Check with the county clerk as to the exact amount you owe before redeeming.

This notice is also to advise you that a petition has been filed for a tax deed which will transfer title and the right to possession of this property if redemption is not made on or before 03/24/2020.

This matter is set for hearing in the Circuit Court of this county in the Richard J. Daley Center, 50 W. Washington Street, Courtroom 1704, Chicago, Illinois on 04/15/2020 at 9:30 a.m.

You may be present at this hearing but your right to redeem will already have expired at that time.

**~~YOU ARE URGED TO REDEEM IMMEDIATELY~~
TO PREVENT LOSS OF PROPERTY**

Redemption can be made at any time on or before 03/24/2020 by applying to the County Clerk of Cook County, Illinois at the Office of the County Clerk in Chicago, Illinois.

For further information contact the County Clerk

ADDRESS: County Clerk of Cook County, 118 N. Clark Street, Room 434, Chicago, IL 60602

TELEPHONE: 312.603.5645

WHEELER FINANCIAL, INC.

Purchaser or Assignee.

Dated this 30th day of September, 2019.

IN THE SUPREME COURT OF THE UNITED STATES

MAURICE BUFORD, (PRO SE)

Petitioner

v.

LABORER'S INTERNATIONAL UNION LOCAL 269 AND 4

Respondent

RE-PROOF OF SERVICE
AND DECLARATION OF RELEVANT EVIDENTIAL DOCUMENTS PRODUCED IN
SUPPORT OF SUPPLEMENTAL RESUBMISSION TO LEAVE TO PROCEED IN
FORMA PAUPERIS IN CONNECTION TO PETITION FOR A WRIT OF CERTIORARI

I Petitioner Maurice L. Buford "Pro Se", do solemnly swear and declare under the penalties of perjury pursuant 18 U.S.C. 1746 that executed on this date, 2-10-2020, as required by Supreme Court Pursuant to Rule 29 that I have served the following documents of:

1. An original ink copy and ten (10) copies of the present "Re-Notice Of Motion For Supplemental Re-submission To Leave To Proceed Informa Pauperis" in connection to initial "Notice Of Motion Of Petition For A Writ Of Certiorari", the "Supreme Court Clerk's letter" that was produced by Scott S. Harris (Clerk) on January 6, 2020 in support of Susan Frimpong, (Case Analyst) which was received by Maurice Buford on January 13, 2020 with returned Motion To Leave To Proceed, Petition for Certiorari, and Evidential Documents of which Petitioner cannot understand why the first two reasons of this letter was stated, because "Pro Se" Buford previously submitted timely the following documents below.....

2. An original ink copy and ten (10) copies of the initial "Motion To Leave To Proceed Informa Pauperis", "Affidavit or Declaration with Additional Evidence In Support Of Indigency" such as..., "Maurice Buford's past S.N.A.P Benefit print out forms for 2018 through 2019" and past "Motion To Leave To Proceed Informa Pauperis" before the "Honorable Judge Gary Feinerman" of the "United States District Court For The Northern District Of Illinois" on October 31, 2016, and the initial "Petition For A Writ Of Certiorari" that was previously attached inside green binders, which was "Signed by "Pro Se" Petitioner Maurice Buford & Notarized by Sonia Staal" on December 14, 2019, then thereafter postmarked and sent to this "Most Honorable Supreme Court of the United States" on December 17, 2019, but is now clipped and/or stapled in the left-hand corner thereto. Along with the "Petition For Certiorari" was relevant "Evidential Appendix Documents" such as..., "Vol. I, Vol. II, & Vol. III" labeled with individual "Page Numbered Evidence Exhibits" that is still attached inside the green binders thereto, per instructions from "Case Analyst Susan Frimpong" to "Pro Se Maurice Buford" through a "Telephone Conversation" that occurred at 1:44 p.m. on/or about January 14, 2020.

3. Also now, in further support of *Petitioner Buford's* indigency there is eleven (11) copies of additional evidence such as...., the "United States District Courts *Honorable Judge Gary Feinerman*" past order *"Granting Plaintiff Buford's Motion To Leave To Proceed Informa Pauperis"* on October 31, 2016", "Maurice Buford's present S.N.A.P" and "Medical Card Benefit print outs for 2020", a *"Notice Of Property Sold For Delinquent Taxes"*, and this present *"Re-Proof Of Service and Declaration In Support Of Relevant Evidential Documents Produced"* that is also clipped and/or stapled in the left-hand corner thereto.

Therefore, I have by depositing six (6) boxes containing a copy of at least one (1) and/or two (2) copies of a *present "Re-Notice Of Motion For Supplemental Re-submission of the initial "Motion To Leave To Proceed Informa Pauperis", and "Affidavit or Declaration with Additional Evidence In Support Of Indigency" a recent "Supreme Court Clerk's Letter" (pages 1 thru 20), the initial "Notice Of Motion and Petition For A Writ Of Certiorari", with "Compliance Declaration In Support Of Writ" and "Appendix Documents Vol. I, Vol. II, & Vol. III", with the initial "Certificate In Support Of Previous Service", and now along with this material is this present "Re-Proof Of Service and Declaration In Support Of Relevant Evidential Documents Produced"* in each box, in the United States mail properly addressed to each of the person(s) below, and with first-class postage prepaid, or by delivery to a third-party commercial carrier for delivery within 3 days.

To: Supreme Court of the United States
Scott S. Harris, Clerk
Washington, D.C. 20543-0001

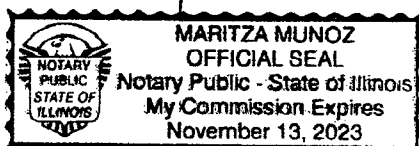
To: Supreme Court of the United States
Susan Frimpong, Case Analyst
Washington, D.C. 20543-0001

To: Robert S. Cervone (Attorney for Union)
8 South Michigan, Suite 1900
Chicago, IL 60603

To: Brian R. Keisey (Attorney for IWG)
901 Warrenville Road Suite 103
Lisle, IL 60532

Note: Only *"Re-Notice Of Motion For Supplemental Re-submission, and the initial "Leave To Proceed Informa Pauperis with Affidavit or Declaration and Additional Evidence In Support Of Indigency", "Supreme Court Clerk's Letter", and "Petition For A Writ Of Certiorari with Compliance Declaration In Support Of Writ", and "Re-Proof Of Service and Declaration In Support Of Relevant Evidential Documents Produced", has been re-served on each of "the attorneys above."* Because the *"Appendix Documents Vol. I, Vol. II, & Vol. III",* was previously served upon them. Also, **Photographs of signatures and Video Recordings have been acquired from each individual document inside the boxes clipped and/or stapled in the left-hand corner in support of "Compliance" and "Service" to this "Declaration."**

February 10, 2020



Maritza Munoz

Respectfully Submitted, "Pro Se"

Maurice L. Buford